of California—Health and Welfare Agency Approved OMB No. 2050—0039 (Expires S a print or type. (Form designed for use of	elite (12-pitch typewriter).	-21-88	SHIPPE		8943			tment of Heelin L ostenosa Control Sacramento, C
UNIFORM HAZARDOUS WASTE MANIFEST			Manife Documer		2 Page 1 Information in the shaded area is not required by Finds 1 are.			
3. Generator's Name and Mailing Addre PARA PLATE				A. State Manufau Documon Pagnos 3				
15010 SHOEMAKER,, C	ERRITOS, CA 90	0701			-	O I L	<u></u>	.00
4. Generator's Phone (213) 404-	3434					1 1 1 1	1 1 1	1111
5. Transporter 1 Company Name	6.	US EPA ID		· ·		ite Transporter's I	0 6	10-18 8
OMEGA RECOVERY SERV	the same of the sa	US EPA ID Number			D. Transporter's Phone (213) 223			
	 I	1 1 1 1 1 1	1 1 1		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	naporter's Phone		44.5
9. Designated Facility Name and Site A		US EPA ID I	Number	II		nte Facility's ID		
OMEGA RECOVERY SERV 12504 E, WHITTIER E					C	A DIDIY Z	24	3 0 0 1
WHITTIER, CA 90602		AD 042 245 O	01 ,	1 1		213) 698-0	1991	
11. US DOT Description (Including Prop		+		. Conta	iners	13. Total Quantity	14. Unit	Vante N
a				No.	Туре		Wt/Vo	State
WASTE ORM-A N.O. (FLEXOSOLVENT)	S NA 1693 OR	MA		001	DM	2	JG	EPA/Other
		**************************************		<u> </u>	ļ ī	agons	7	3 (4 CM)
b.							50	State.
							1	EPA/Other
c.							î	State
				1	1	1111		EPA/Other
d.	. من .							State
				2				EPA/Other
J. Additional Descriptions for Materials	Listed Above	- 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 194	y Marie S		K. Ha	ndling Codes for V	Vestes L	isted Above
70			1.579		8.	0/	b.	
			al Japan		C.	5 60	d.	
	4				J- J-			
15. Special Handling Instructions and A	ditional Information						-	
16. GENERATOR'S CERTIFICATION:								
name and are classified, packed international and national government	ent regulations.							
If I am a large quantity generator determined to be economically p	acticable and that I have	selected the practic	cable method	of tre	atment,	storage, or disp	losal cui	rently available
me which minimizes the present faith effort to minimize my waste	and future threat to human	n health and the envi	ironment: OR.	if I an	n a sma	all quantity gener	ator, I h	ave made a go
Printed/Type# Name A	0 - 0 - 1 - 1 -	Signature	7./		1.			Month Day
JUUD A. 1	COSALES	1 CH	10	Say	100			091212
17. Transporter 1 Acknowledgement of Printed/Typed Name	Receipt of Materials	Signature	2 1 1	1	7			Month Day
Bobeat I	CIRINGEON	///	let 1	16	vin	regeorie		10912121
18. Transporter 2 Acknowledgement of		i i i i i i i i i i i i i i i i i i i			//			
Printed/Typed Name		Signature			-			Month Day
19. Discrepancy Indication Space								
20. Facility Owner or Operator Certifica	son of receipt of hazardous	materials covered by	this manifest	excent	as note	d In Item 19		
Printed/Typed Name	non of receipt of nazardous	Signature)	1	ac noyer	1		Month Day
FOR FOR	_	45	- 4	٤ .		- Carolina C		1091212